



**JacksonFairmont  
Dental Laboratory**

The Laboratory Quality Built

Mission Statement: "Jackson-Fairmont Dental Lab, Inc. consistently creates superior restorations with unsurpassed service, while utilizing state-of-the-art technology."

Case Number \_\_\_\_\_

1299 Hwy. 15 S. • P.O. Box 962 • Fairmont, MN 56031  
507/238-2877 • 800/238-2858 • fax 507/235-3129  
email JFDentalLab@jfdentallab.com  
www.JFDentalLab.com

Doctor _____	Patient _____
Address _____	Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
City _____ State _____	<input type="checkbox"/> Vigorous <input type="checkbox"/> Delicate <input type="checkbox"/> Square
Phone _____ Date sent _____	<input type="checkbox"/> Tapering <input type="checkbox"/> Ovoid
Return Doctors:	Appt: M T W Th F S
<input type="checkbox"/> Shade Tab <input type="checkbox"/> Articulator <input type="checkbox"/> Tray	Date _____ Time _____
<input type="checkbox"/> Bite Reg. <input type="checkbox"/> Study Model <input type="checkbox"/> Photo	
<b>Case Disinfected:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PLEASE SEND:</b> <input type="checkbox"/> Transport Boxes <input type="checkbox"/> Prescription Sheets <input type="checkbox"/> Infection Control Bags	

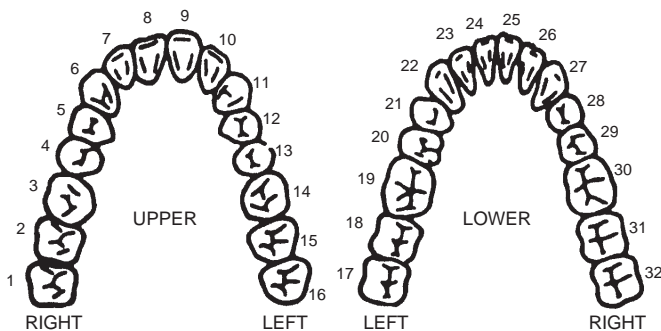
**Shade** \_\_\_\_\_ **Pt. Phone** \_\_\_\_\_

custom \_\_\_\_\_  
stump \_\_\_\_\_  
gingival \_\_\_\_\_  
body \_\_\_\_\_  
incisal \_\_\_\_\_

Characterizations

**Materials**

<b>Porcelain to Metal</b>	<input type="checkbox"/> NP	<b>Full Cast Alloys</b>
<input type="checkbox"/> Soft Wear Porcelain	<input type="checkbox"/> White HN	Type II Alloys:
(Less wear to opposing dentition)	<input type="checkbox"/> Gold HN	<input type="checkbox"/> Gold (Noble) App 48% AU
<input type="checkbox"/> High Fusing Porcelain		Type III Alloys:
		<input type="checkbox"/> Gold (High Noble) App 58% AU
<b>Esthetic Metal Free</b>	<b>Flat Rate</b>	<input type="checkbox"/> Gold (Noble) App 45% AU
<input type="checkbox"/> Empress	<input type="checkbox"/> y+ 2% AU	<input type="checkbox"/> Gold (Noble) App 27% AU
<input type="checkbox"/> EMAX Layered	Full Cast	<input type="checkbox"/> Silver PDAG (Noble)
<input type="checkbox"/> Lava	<input type="checkbox"/> Full Zirconia	
<input type="checkbox"/> Zirconia (Milled in Lab)	<input type="checkbox"/> PFM/Noble	<b>Design</b>
	<input type="checkbox"/> EMAX	<input type="checkbox"/> Porcelain Occlusion
	<input type="checkbox"/> PFM Titanium	<input type="checkbox"/> Metal Occlusion/Lingual
	<input type="checkbox"/> Full Cast Titanium	<input type="checkbox"/> Porcelain Shoulder
		<input type="checkbox"/> No Facial Collar
<b>Contacts</b>		<input type="checkbox"/> .2 mm Facial Collar
<b>Mesial</b>		<input type="checkbox"/> 1-2 mm Facial Collar
<input type="checkbox"/> Open		<input type="checkbox"/> Extended Distal Collar
<input type="checkbox"/> Closed		
<b>Distal</b>		
<input type="checkbox"/> Open		
<input type="checkbox"/> Closed		



**INSUFFICIENT CLEARANCE:**

Trim opposing  
 Reduction cap  
 CALL

<input type="checkbox"/> Full Upper	SHADE	<input type="checkbox"/> Palatal Relief	<input type="checkbox"/> Cast w/Acrylic Saddle
<input type="checkbox"/> Full Lower		<input type="checkbox"/> Rebase	<input type="checkbox"/> All Cast w/Facings
<input type="checkbox"/> Partial Upper	MOULD	<input type="checkbox"/> Reline	<input type="checkbox"/> Econo Cast
<input type="checkbox"/> Partial Lower		<input type="checkbox"/> Repair	<input type="checkbox"/> Acrylic w/Wire Clasps
<input type="checkbox"/> Immediate	<input type="checkbox"/> Plastic	<input type="checkbox"/> Bite Rim	
<input type="checkbox"/> Temporary	<input type="checkbox"/> Porcelain	<input type="checkbox"/> Tracer	
<input type="checkbox"/> Economy		<input type="checkbox"/> ECB	
		<input type="checkbox"/> Custom Tray	

Try In

Finish

Lab use: Date in \_\_\_\_\_ Date out \_\_\_\_\_

2 BLUE COPIES TO LAB • PINK COPY TO DOCTOR

License Number \_\_\_\_\_ Signature \_\_\_\_\_

CUSTOM FABRICATED IN THE U.S.A. FM4-043-001-05 FPP-16993